

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045779

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1Primary Registration District No. 8000Registrar's No. 395

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirksville

Length of stay in 1b

53 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Kirksville Osteopathic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Macon

c. CITY

OR

TOWN

LaPlata

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

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Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

JAMES

Middle

ROBERT

Last

SELF

4. DATE
OF
DEATH

Month

Day

Year

12-

14 - 62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5-20-80

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Fireman

10b. KIND OF BUSINESS OR INDUSTRY

Pipe Line

11. BIRTHPLACE (City and state or country)

Horse Cave, Kentucky, U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John Self

13b. MOTHER'S MAIDEN NAME

Phoebe Ellen Self

14. NAME OF HUSBAND OR WIFE

Dempsey May Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clarence Self, Burbank, California

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

DUE TO (b)

Coronary atherosclerosis

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-9-62 to 12-14-62 and last saw him alive on 12-14-62

Death occurred at 12-14-62 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. J. McVitts M.D.

22b. ADDRESS

R.O.H. Kirksville, Mo

22c. DATE SIGNED

12-22-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12-16-62

23c. NAME OF CEMETERY OR CREMATORY

LaPlata City

23d. LOCATION (City, town, or county)

LaPlata, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Christie Funeral Service
LaPlata, Mo.

25. DATE RECD. BY LOCAL REG.

12-22-1962

26. REGISTRAR'S SIGNATURE

Doris W. Robbly

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10017

20610

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94201

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122-2

131-0

Permit issued Dec 14, 1962

S. J. De Vito, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under, my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address Smith Kaffay & Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.